

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 127

Place of Birth Miami County Yila No. 127 St. 127
(Registration District)

| | | | |
|--|------------------------------|---------|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | { and } | Number in order of birth |
| <u>Female</u> | | | |
| DATE OF BIRTH <u>January 3rd 1924</u> | | | |
| (Month) (Day) (Year) | | | |
| FULL NAME | FATHER | | |
| <u>Emil Gustav Naegelein</u> | | | |
| FULL MAIDEN NAME | MOTHER | | |
| <u>Bessie Emeteria Tipton</u> | | | |

I HEREBY CERTIFY that the child described
herein has been named

Elizabeth Harriett Naegelein
(Give name in full) (Surname)

Bessie E. Naegelein
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

545-103-235